



# GARDEN CITY RECREATION DEPARTMENT

## YOUTH SPORTS REGISTRATION FOR 2012 SEASON

\$25.00 per player (Check or money order only please)



### Basketball



#### Age Groups

☐ Age 3-6 ☐ Age 6-8 ☐ Age 9-10 ☐ Age 11-12

Starting  
February 1<sup>st</sup> 2011

The Sports  
participation fee  
will be \$35 for  
Players living  
outside of the  
Garden City City  
limits. The fee for  
Garden City  
residents will  
remain @ \$25  
per sport.

Participants Name \_\_\_\_\_ Age \_\_\_\_\_ (As of January 1<sup>st</sup>) Date Of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ sex \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Fathers Name \_\_\_\_\_ Cell # \_\_\_\_\_ Employer \_\_\_\_\_ Work # \_\_\_\_\_ - \_\_\_\_\_

Mothers Name \_\_\_\_\_ Cell # \_\_\_\_\_ Employer \_\_\_\_\_ Work # \_\_\_\_\_ - \_\_\_\_\_

Email address \_\_\_\_\_ Email address \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_ Phone \_\_\_\_\_

Health Comments (Allergies, health issues) \_\_\_\_\_

Are you interested in volunteering with Garden City Recreation Dept. Yes \_\_\_\_\_ No \_\_\_\_\_

Coach \_\_\_\_\_ Asst. Coach \_\_\_\_\_ Team Parent \_\_\_\_\_ Concession stand worker \_\_\_\_\_

I agree to abide by the rules and regulations as set forth by the Garden City Recreation Department.

I understand that the Garden City Recreation Department staff will assign my child to a team. I fully accept the decision of the recreation staff regarding team selections.

I will conduct myself with a positive attitude towards Recreation Department Staff, coaches, opposing team, fans and officials during the course of the season. I understand that failure to follow this principle may lead to punishment by the Garden City Recreation Department staff, which may include but not limited to suspension from the Garden City Recreation Department events. I support the Garden City Recreation Department youth sports philosophy, which is based on participation, fun, physical fitness, and health, skill development, teamwork, fair play, family involvement and volunteer leadership.

I hereby certify that my child is in normal health and capable of safe participation in the youth sports program. I understand that injuries may occur and that Garden City Recreation Department does **Not** carry supplement insurance.

I also understand that the Garden City Recreation Department may require some or all of the sports equipment assigned to my child to be turned in at the conclusion of the season. Failure to do so will result in a fee being charged to cover the cost of the equipment, all printing, charges, set-up and all shipping incurred by the City of Garden City.

\*\*\* Garden City Recreation Office 160B Wheathill Rd. 966-7788 \*\*\*

Parents Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_